

ARKANSAS STATE BOARD OF COSMETOLOGY
101 EAST CAPITOL, SUITE 108
LITTLE ROCK, AR 72201
(501) 682-2168

Demonstrator's Permit

Please read carefully: This form must be accompanied by a check or money order for the \$15.00 service fee. A Demonstrator's Permit only authorizes the person who holds a current permit to recommend and apply cosmetics, without compensation, for the sole purpose of advertising and selling said cosmetics. Beyond that scope, a demonstrator is not permitted to practice cosmetology or any branch thereof, in any form.

APPLICANT INFORMATION: Please print using blue or black ink.

Last Name		First Name		Middle Name	
Address		Apt #	City		State Zip Code
Phone Number ()	SSN		Date of Birth	Gender MALE FEMALE	
Race Black White Am. Indian Hispanic Asian Alaskan Native				Marital Status	
Describe in detail, the type(s) of service you will be performing:					
Establishment Name			Phone Number ()		
Establishment Address		Suite #	City		State Zip Code

Applicant Signature: By Signing this application, I certify that the information provided above is true and accurate. Further, I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

Date	Printed Name	Applicant's Signature
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DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY

ID NUMBER	PERMIT NUMBER	RECEIPT NUMBER	DATE